



KENTUCKY TRANSPORTATION CABINET
Department of Highways
Division of Construction Procurement
200 Mero St., Frankfort, Kentucky 40622

TC 14-1E
Rev. 08/2010
Page 1 of 15

APPLICATION FOR CERTIFICATE OF ELIGIBILITY

Date of Application

Name of Applicant (Name is to appear as recorded; trade names, divisions, and subsidiaries are to be identified as subordinate to the financially responsible organization)

P.O. Box or Street Address City State ZIP Code Area Code & Telephone No. Fax No.

Primary Company Email Address

applies for a Certificate of Eligibility or renewal of an existing Certificate of Eligibility which qualifies the applicant to bid upon and accept work on projects sponsored by the Transportation Cabinet, Commonwealth of Kentucky, which requires prequalification as provided in KRS 176.130, the regulation relating to the Prequalification of Highway Contractors and in the current edition of the Standard Specifications for Road and Bridge Construction of the Kentucky Transportation Cabinet, Department of Highways.

This application is based on the following factors: (Check appropriate designation.)

Organization

- ☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company

Type of Application

- ☐ New
☐ Renewal
☐ Interim
☐ Reinstatement

Taxpayer Identification Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Social Security Number

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Employer Identification Number

K.R.S. 176.150 authorizes the Transportation Cabinet to obtain the information requested in this application.

Applicant's Tax Year Ends _____
Month Day Year

CAUTION: READ INSTRUCTIONS CAREFULLY BEFORE PREPARATION OF APPLICATION.

TYPE OF WORK FOR WHICH CERTIFICATE OF ELIGIBILITY IS REQUIRED

Applicants seeking a Certificate of Eligibility must indicate herein the type or types of work for which they desire eligibility. Applicants should request eligibility for only the type or types of work for which they have the organization, experience, and equipment to perform.

(Check only type or types of work desired)

Principal Types of Work

- A. Grade and Drain ☐
- B. Portland Cement Concrete Paving ☐
- C. Bituminous Concrete Paving ☐
 - C1. Bituminous concrete paving, option B ☐
 - C2. Bituminous concrete paving, option A ☐
- E. Bridge Projects ☐
 - E1. Bridges not more than 70' clear span ☐
 - E2. Bridges not more than 100' clear span ☐
 - E3. Bridges 100' clear span and over ☐
 - E4. Demolition of major bridges ☐
 - E5. Bridges over navigable streams ☐
- F. Signs ☐
- G. Lighting ☐
- H. Landscaping ☐
- I. Other ☐

(Describe)

Incidental Types of Work - (Usually Performed by Specialized Contractors and/or Subcontractors)

- 1. Clearing and Grubbing ☐
- 2. Ditching and Shouldering ☐
- 3. Bridge Approaches ☐
- 4. Guard Rails ☐
- 5. Fencing ☐
- 6. Seeding and Sodding ☐
- 7. Dense Graded Aggregate Base Construction ☐
- 8. Cement Concrete Base Construction ☐
- 9. Soil Cement Base Construction ☐
- 10. Plant Mix Bank Gravel Base Construction ☐
- 11. Curb and Gutter ☐
- 12. Sidewalk ☐
- 13. Entrance Pavement ☐
- 14. Paved Ditch ☐
- 15. Culverts ☐
- 16. Bridge Repair ☐
- 17. Bridge Deck Repair ☐
- 18. Bridge Painting ☐
- 19. Steel Erection ☐
- 20. Tying Steel Reinforcement ☐
- 21. Furnish and Drive Piling ☐
- 22. Dredging ☐
- 23. Hydraulic Embankment Construction ☐
- 24. Storm Drainage and Storm Sewer ☐
- 25. Slurry Seal ☐
- 26. Buildings and Related Construction ☐
- 27. Demolition ☐

OWNED

[illegible]

LEASED

[illegible]

Exclude Contracts with the Kentucky Transportation Cabinet.

[illegible]

EXPERIENCE QUESTIONNAIRE

Active Certificates of Eligibility Issued by Other States or Agencies: Check Here if None.

☐

| STATE OR ISSUING AGENCY | ADDRESS | EXPIRATION DATE | MAXIMUM AMOUNT OF ELIGIBILITY | PRINCIPAL TYPES OF WORK |
|-------------------------|---------|-----------------|-------------------------------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Principal Officers, Managers, and Superintendents of the Organization (List below and ATTACH DETAIL RESUMES.)

| INDIVIDUAL'S NAME | PRESENT POSITION OR OFFICE | YEARS OF CONSTRUCTION EXPERIENCE | MAGNITUDE & TYPE OF WORK | IN WHAT CAPACITY |
|-------------------|----------------------------|----------------------------------|--------------------------|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| CREDIT REFERENCES | NAME | ADDRESS | OFFICER OR REPRESENTATIVE |
|-------------------|------|---------|---------------------------|
|-------------------|------|---------|---------------------------|

Bank _____

Material Supplier _____

Equipment Supplier _____

Prime Contractors _____

AGENTS & REPRESENTATIVES

Surety Company _____

Auditor or Accountant _____

Process Agent _____

Legal Counsel _____

[illegible]

FINANCIAL DATA AND CERTIFICATION

1. Applicants desiring a Certificate of Eligibility in excess of \$1,000,000 shall submit a Standard Audit Report Form prepared by a Certified Public Accountant, an independent public accountant, or the equivalent in other states, in addition to the application. The audit report shall be prepared under separate cover and attached to the application upon filing with the Transportation Cabinet. The audit report must provide for all required statements. A Balance Sheet Audit is unacceptable for this type of certificate.

2. Applicants desiring a Certificate for \$1,000,000 or less shall submit a limited financial report certified to accuracy by a principal officer of the organization making the request for a certificate. The applicant must provide all the detailed financial data required in a financial report form acceptable to the Kentucky Transportation Cabinet. Details relative to certain required schedules of accounts and replies to accounting questions are to be as provided for elsewhere in this application form or as in special instructions given by the Cabinet to the applicant.

ACCOUNTING QUESTIONNAIRE

The following questionnaire must be completed by all applicants for eligibility ratings. All questions must be answered fully unless reference is made to specific notes available in a separate audit report.

- (1) Accounting Method: ☐ Cash ☐ Accrual ☐ Other (Explain) _____

- (2) Method of Reporting Income: ☐ Percentage of completion method ☐ Completed contract method ☐ Other (Explain)

- (3) Does the accounting method and the method of reporting income in this financial report conform to the method for reporting income for tax purposes?
☐ Yes ☐ No
 If no, has adequate provision been made for deferred income taxes? ☐ Yes ☐ No

- (4) If the applicant is a Sub-Chapter S Corporation, partnership, or a sole proprietor, do you anticipate any significant withdrawal for taxes or another reason subsequent to the balance sheet date which may significantly affect the distribution of earnings during the current operational period? ☐ Yes ☐ No

- (5) Have there been any changes subsequent to the balance sheet date that would significantly affect working capital of the applicant? ☐ Yes ☐ No
 If so, please attach an explanation. _____

- (6) What are the contingent liabilities of the applicant? Give details and attach to this form, unless provided for elsewhere in an audit report, any liabilities as bondsman, guarantor on contractors, notes, or accounts of others, and all other known existing contingent liabilities.

- (7) What lawsuits are pending, but not reduced to judgement, and who are the principals? What is the possible amount of loss if any, which is anticipated within the next twelve (12) months that has not been provided for in the audit report. Explain. _____

- (8) Did you (the applicant) make any prepayments of liabilities classified on the preceding year's application as long term? Yes ☐ No ☐
 If yes, attach schedule of such payments and list payee, date of payment and amount.

- (9) Have you (the applicant) paid or do you intend to prepay, within twelve (12) months from balance sheet date, any portion of present year's long term debt?
☐ Yes ☐ No If yes, attach explanation as to how much and when this debt is scheduled to be reduced during the life of this certificate.

- (10) Does the classification of accounts in this application conform with the classification shown in the audit report? ☐ Yes ☐ No
 If no, why and how do they differ in detail. (See Page 10 Balance Sheet)

- (11) Give last year examined and closed by the U.S. Internal Revenue Service. _____

- (12) Have you elected to participate in a plan which allows you to exchange certain securities for retainage as permitted in Kentucky (KRS 176.095)?
☐ Yes ☐ No How much of your investment account is represented by this type of asset? _____

IF A PROPRIETORSHIP, COMPLETE THIS SECTION

Individuals doing business in a name other than their own must file full trade name with the Transportation Cabinet.

Where is trade name registered? _____
County Court Clerk or other recording agent County State

OR, IF A CO-PARTNERSHIP, COMPLETE THIS SCHEDULE

Date of organization _____ State whether co-partnership is general or limited _____

If limited, attach partnership agreement and give general facts relative to the nature of the restrictions:

NAME AND ADDRESS OF ALL PARTIES (active and inactive members) HOLDING 10% OR MORE OF INTEREST IN ORGANIZATION

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

OR, IF A CORPORATION, LIMITED LIABILITY COMPANY, COMPLETE THIS SCHEDULE

When incorporated, or organized _____ In what state? _____

PRINCIPAL OFFICERS, if LLC list members

PERCENTAGE OF SHARES HELD IN THE CORPORATION

| | |
|----------------------|-------|
| President _____ | _____ |
| Vice President _____ | _____ |
| Secretary _____ | _____ |
| Treasurer _____ | _____ |

PRINCIPAL STOCKHOLDERS

NAME AND ADDRESS OF ALL STOCKHOLDERS (not including above officers) HOLDING 10% OR MORE OF SHARES IN ORGANIZATION

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

AFFILIATED OR ASSOCIATED ORGANIZATION

List affiliated or associated organizations which have inter-company relationship with this corporation. Parent Company, Subsidiaries, Sister Corporations, and all other entities held separately and jointly by principal stockholders of the applicant's organization.

| NAME OF ORGANIZATION | ADDRESS | RELATIONSHIP |
|----------------------|---------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Balance Sheet as of _____

CHECK ONE:

☐

Fiscal Year

☐

Interim Report

| Item # | Assets | Sch. No. | | Item # | Liabilities and Capital | Sch. No. | |
|--------|---|-----------|----|--------|--|-----------|----|
| | CURRENT ASSETS: | | | | CURRENT LIABILITIES: | | |
| 1. | Cash | A | \$ | 18. | Notes payable | G | \$ |
| 2. | Accounts receivable | | | 19. | Accounts payable and unbilled amounts due | H | |
| | Due on contracts including amounts retained by | B1 | | | subcontractors | | |
| | customers in accordance with contract | | | | (including amounts retained) | | |
| | provisions less allowance of \$_____ for | | | 20. | Withheld from employees (taxes and sundry) | | |
| | losses of uncollectible accounts | | | 21. | Income taxes | | |
| 3. | Other receivables | B2 | | 22. | Other taxes | | |
| 4. | Unbilled contract costs, etc. | | | 23. | Billing in excess of cost, etc. | | |
| 5. | Inventory of material and supplies (valued at | | | 24. | Current portion of long term debt | I1 | |
| | the lower of cost or market) | | | | | | |
| 6. | Marketable securities at cost (market value \$) | C | | | | | |
| | | | | 25. | Other current liabilities | | |
| 7. | Investment in joint ventures, etc. (only if | D | | | | | |
| | currently liquidable) | | | | | | |
| 8. | Prepaid expenses | | | | | | |
| 9. | Other current assets | E | | | | | |
| | | | | 26. | Total Current Liabilities | | |
| 10. | Total Current Assets | | | | | | |
| | | | | | FIXED LIABILITIES | | |
| | FIXED ASSETS (NET) | | | 27. | Long Term Debt | I2 | |
| 11. | Construction and Automotive Equipment | | | 28. | Less current portion shown on line 24 | I3 | |
| 12. | Land, Buildings, Office, and Other | | | 29. | Net Long Term Debt | I4 | |
| | | | | | OTHER LIABILITIES | | |
| 13. | Total Fixed Assets | | | 30. | Other noncurrent liabilities | J | |
| | | | | 31. | Total Fixed and Other Liabilities | | |
| | OTHER ASSETS | | | | | | |
| 14. | Cash value of life insurance (Ins. Loans Value) | F | | | CAPITAL | | |
| 15. | Other noncurrent assets | | | 32. | Individual or partnership capital | | |
| | | | | 33. | Capital paid in | K | |
| | | | | 34. | Retained earnings | L | |
| | | | | 35. | Total Capital | | |
| 16. | Total Other Assets | | | | | | |
| 17. | GRAND TOTAL | | | 36. | GRAND TOTAL | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

LIST OF SUPPORTING SCHEDULES FOR DETAIL ACCOUNTS (See Instructions)

NOTE: Detail schedules listed below are required for all Certificates of Eligibility of less than \$1,000,000. These special schedules are not required from applicants which file a certified audit report. The Transportation Cabinet may demand from those applications seeking Certificates of Eligibility in excess of \$1,000,000 that such information be made available on an individual basis when the financial report warrants further explanation of facts not revealed in the notes of the examining auditor.

SCHEDULE A: Line 1 of balance sheet - Cash:

List bank accounts and give name of bank, address and nature of restrictions, if any.

SCHEDULE B1: Line 2 of balance sheet - Accounts Receivable:

List all trade accounts over \$1,000, Sub-total 60, 90, 120 day items. Items 6 months or more must include details on separate schedule.

B2: Line 3 of balance sheet - Other Receivables:

List all receivables other than trade from any sources not otherwise specifically itemized in current assets.

SCHEDULE C: Line 6 of balance sheet - Marketable Securities:

Requirements: No. of Shares, Description, Face Value, Cost, Current Market Value.

SCHEDULE D: Line 7 of balance sheet - Investments in Joint Ventures, etc.:

The investment of a party to a joint venture and receivables from the joint ventures should be separately disclosed if items are material in amount. It may be possible to separate the investment in a joint venture and the receivables therefrom into current and noncurrent portions based upon the underlying assets of the joint venture. Interest in the equity of fixed assets of a joint venture are noncurrent for the purpose of this report until time of disposal, termination, or dissolution of the joint venture. Provisions for taxes must be made for receivables taken into income from such investments.

SCHEDULE E: Line 9 of balance sheet - Other Current Assets:

Enumerate and describe. Notes receivable from principals or individuals who are officers, stockholders, employees, and immediate relatives should be excluded from current assets for eligibility evaluation of the applicant unless special circumstances warrant consideration in the opinion of the examining officer. Explain.

SCHEDULE F: Line 14 of balance sheet - Cash Value of Life Insurance: Less Loans

Requirements: Amount of Policy, Name of the Life Insured, Beneficiary, Cash Value, Loan.

The beneficiary of the life insurance policies must be the applicant (if a corporation or partnership) for computing Eligibility Evaluation. Life insurance payable to persons other than the estate of individuals shall be excluded in the Eligibility Evaluation of Other Assets.

SCHEDULE G: Line 18 of balance sheet - Notes Payable:

Requirements: Name of Holder, Security, Due Date, Principal Amount Due.

SCHEDULE H: Line 19 of balance sheet - Accounts Payable:

List all trade accounts over \$1,000 - Subtotal 60, 90, 120 day items. Items 6 months or more must include details on separate schedule.

SCHEDULE I: Line 27 of balance sheet - Long Term Debt:

Describe and provide breakdown of current portion of long term debt due on line 24 and 28 and net long term debt due on line 29.

SCHEDULE J: Line 30 of balance sheet - Other Non-Current Liabilities: Give details.

SCHEDULE K: Line 33 of balance sheet - Capital: Explain capital account relative to the amount of authorized and outstanding stocks.

SCHEDULE L: Line 34 of balance sheet - Retained Earnings:

Explain surplus accounts relative to capital surplus or special restricted surplus accounts that affect future earnings.

| Applicant's Determination of Maximum Capacity | | | | Transportation Cabinet's Determination of Eligibility Rating | | | | |
|--|---|--------------------------------------|-------------------------------------|--|------------------|-----------------|------------|-------|
| | | Item No. from Balance Sheet | Eligibility Evaluation Amount | Maximum % | Previous % | Suggested % | Approved % | |
| 1. | Current Assets | <u>10</u> | | Organization Experience | 20 | _____ | _____ | _____ |
| 2. | Less Current Liabilities | <u>26</u> | | Plant & Equipment | 30 | _____ | _____ | _____ |
| 3. | Net Current Assets (Working Capital Line 1-2) | | | Performance | <u>50</u> 100 | _____ | _____ | _____ |
| 4. | Cash Value of Life Insurance | <u>14</u> | | \$ x % _____ | | _____ | | |
| 5. | Total (Lines 3 and 4) | | | Total Maximum Capacity Factor | | Percent Ratings | | |
| 6. | Multiplying Factor | | x12 | Eligibility Rating _____ | | | | |
| 7. | Net Current Asset Factor | | | | | | | |
| 8. | Book Value of Mach. & Equip. | <u>11</u> | | | | | | |
| 9. | Multiplying Factor | | x6 | | | | | |
| 10. | Total Equipment Value Factor | | | | | | | |
| 11. | Total Maximum Capacity Factor (Lines 7 and 10) | | | | | | | |
| <p>Please refer to Transportation Cabinet's Rules and Regulations Relating to the Pre-Qualification of Contractors for eligibility formula and values allowed.</p> | | | | | | | | |

KENTUCKY TRANSPORTATION CABINET

The undersigned hereby certifies that neither he/she nor any member of his/her immediate family having an interest of ten percent (10%) or more in any business entity prequalifying with the Kentucky Transportation Cabinet has contributed more than the amount specified in KRS 121.056(2) to the campaign of the gubernatorial candidate election last preceding the date of the prequalification application.

Signature

Title

Name of Company or Corporation

STATE OF _____

COUNTY OF _____

The foregoing statement was acknowledged and sworn before me this _____ day of _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

APPLICANT CERTIFICATION

Affidavit

STATE OF _____

COUNTY OF _____

I, _____ being duly sworn, certify that I am _____ of the
Official Title

firm hereinafter described which executed the foregoing application and financial statement, that I am familiar with the operation and financial records of the said firm, and do attest to the truth and correctness of answers made to interrogatories by the Transportation Cabinet, Commonwealth of Kentucky.

Sworn before me this _____ day of _____, 20_____.

Notary Public

Name of Organization

My Commission Expires _____, 20_____

BY: _____
Signature and Title

Affix Seal Here if Corporation

Person Preparing Financial Data, if other than the above officer:

| _____ Name | _____ Title | _____ Address |
|---------------|----------------|------------------|
|---------------|----------------|------------------|